



County Borough of Halifax.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer.

Year ended 31st December, 1912.

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EDUCATION COMMITTEE.



Annual Report of the School Medical Officer.



YEAR ENDED 31st DECEMBER, 1912.



MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour of presenting the following Report of the Medical Work under the Halifax Education Authority during the year ended 31st December, 1912.

There were no changes in the staffing nor organisation, and the actual inspection was on the lines of previous years. The Board of Education do not ask for a repetition of formal matter, and this enables one to shorten the Annual Report by briefly summarising.

The following Table, compiled from Form 91, shows the attendances lost by exclusion from school of children on various medical grounds, and to prevent the spread of disease:—

Disease.	Actual Meetings of School Lost.			Increase or Decrease for 1912
	1910	1911	1912	
Measles ...	41,889	21,846	51,925	+ 30,079
Whooping Cough	18,783	29,105	6,612	- 22,493
Chicken Pox ...	11,322	4,707	10,628	+ 5,921
Mumps ...	963	11,341	17,753	+ 6,412
Diphtheria ...	7,333	3,510	4,926	+ 1,416
Scarlet Fever ...	14,085	18,560	12,776	- 5,784
Typhoid Fever ...	500	357	350	- 7
Erysipelas ...	64	66	88	+ 22
Tuberculosis ...	1,836	328	465	+ 137
Vision and Eye Disease	2,544	6,496	2,651	- 3,845
Skin Diseases, Rashes, Impetigo, Vermin, Itch...	19,679	21,176	21,379	+ 203
Ringworm ...	26,151	21,958	21,482	- 476
Throat and Ear Affections	1,409	4,257	4,945	+ 688
General Diseases ...	7,455	9,310	11,153	+ 1,843
	154,013	153,017	167,133	+ 14,116

The notifiable diseases, Diphtheria, Scarlet Fever, Typhoid Fever, Erysipelas, Tuberculosis are dealt with by the Medical Officer of Health. Scarlet Fever shows a marked decline, and Diphtheria prevalence, although increased, is much below the figure of 1910.

The non-notifiable diseases, Whooping Cough, Measles, Chicken Pox, Mumps, which account for over 50% of the total attendances lost by school children, present a difficult problem, and do not receive the serious attention which they merit, in view of their mortality and morbidity. A closer co-operation between the attendance and medical departments would prove useful in this matter.

The total increase (14,116) of lost attendances is due to the excessive prevalence of Measles, Chicken Pox, and Mumps.

Ophthalmia gave less trouble than in 1911, but the large number of attendances lost, viz: 42,861, from skin diseases, vermin, itch, ringworm, must again impress on the Committee the necessity, even merely from an economic point of view, of providing some efficient means for dealing with these cases. My previous reports have drawn attention to this matter.

GENERAL REVIEW OF THE HYGIENIC CONDITIONS PREVALENT IN THE SCHOOLS.

Various nuisances, Sanitary defects, &c., injurious to the health, discovered at the time of our visits, were reported to the Health Office during the year.

GENERAL SUMMARY FOR 1912.

Number of Children on School Register, July, 1912... .. 13595

A. Routine Medical Inspection—

(a) Ordinary Day Schools 2440

(b) Open Air and Special Schools... .. 178

(c) Secondary School 94

2712

B. Non-Routine or Special Cases, i.e.—

Scholars presented for Examination by the Teachers 790

Number of Notices to Parents of defects found in A(a) ... 393

„ „ „ „ „ „ B ... 353

Visits of Re-Inspection and Special Visits 306

AGE AND SEX

of the 2440 Children Inspected

Age	Boys				Girls			
3 to 7	647	...	...	...	692
8 to 11	23	...	...	...	44
12 to 13	562	...	...	...	472
				<hr/>				<hr/>
				1232				1208

CLEANLINESS.

The children recorded as (a) having Nits, Vermin or Dirty Heads were 65 Boys, 391 Girls; (b) Dirty or Verminous Bodies—80 boys, 111 girls.

CLOTHING AND FOOTGEAR.

The Clothing was recorded as bad in 5% of Children examined, and the Footgear as bad in 6.9%.

In these respects there has been a decided improvement, but much remains to be done to improve the standard even of sufficient clothes and boots. Amongst the better cared for children, too much clothing continues to be the main fault, and the eradication of local and hereditary notions on clothing will be a slow process, which many of our teachers are doing their best to effect. Parents are slow in grasping the principles of hygienic clothing, bound down by habits and an inordinate fear of “catching cold.” To pitchfork an innumerable pile of garments on a child’s body is not only scientifically wrong and dangerous to health, but is also economically a wicked waste of money. Further, clean clothing is warmer and softer than smelly, dirty clothes.

The retail salesman has an enormous influence for good in determining the quality of material, and an united effort on their part to substitute non-inflammable material for the present cheap flannellette would be of infinite service to child health, and prevent those ever occurring disasters of death by burning, which are now receiving the attention of our Legislature.

Official Notice to exclude (Form M.I. 9a) was sent to the Head Teachers in 138 cases—

Ringworm of Scalp	...	...	...	...	50
„ „ Body	...	...	...	...	3
Impetigo	...	...	...	...	26
Itch	...	...	...	...	14
Body Vermin	...	...	...	...	14
Sore Head	...	...	...	...	11
Ophthalmia	...	...	...	...	13
Mumps	...	...	...	...	3
Measles	...	...	...	...	2
Chorea	...	...	...	...	1
Heart Disease	...	...	...	...	1
					<hr/> 138

THE SCHOOL NURSE.

Records—

Visits to Homes	...	...	...	...	541
„ Schools	...	...	...	...	288
Attended Medical Inspection	...	...	...	...	30 half days
Detailed Examination for Cleanliness	...	...	...	...	3000 Scholars
Attended Two Afternoons per week at Office	...	...	...	...
Attended Infirmary (Dental Department)	...	...	...	...	20 mornings

The School Nurse also visited the homes of Open Air Scholars, followed up the Children discharged from the Residential Home, (a special After-Care Committee has now been appointed) and from time to time visits the Housewifery Centres.

There is a large field for School Nurses and Health Visitors in looking after the physical welfare of children.

The following Table shows the results of Notice of Defects sent to parents :—

			Percentage Attended to, Improved, or Under Treatment	Nothing Done	Left School or Not Traced
Defective Vision	...	...	32·1%	42·2%	25·7%
Squint	...	...	23·5%	47%	29·5%
Affections of Nose and Throat			28%	54·8%	17·2%
Ear Disease and Deafness	...	...	30%	42·3%	27·7%
Verminous or Dirty	...	..	66·7%	5·5%	27·8%
Teeth	...	...	28%	50%	22%

These results, in spite of constant "following up," are not satisfactory. The parents among certain classes in time get used to official notices, and end by ignoring them. For the majority of the defects and conditions notified, there are no suitable agencies in Halifax, and owing to the want of accommodation, proper staffing, and conveniences, no serious treatment of school children could be attempted during 1912.

Medical Inspection will degenerate into a mere routine of records, and the Schools and Scholars will not receive the maximum of benefit from the time and energy expended by the Medical Staff, unless your Committee make some efficient arrangements for supplying treatment, more especially in the cases of defective vision, ringworm, and bad teeth (see 1910, 1911 Reports).

New premises for the Medical Staff, and the treatment of School Children were opened in the early part of this year.

OFFICE WORK.

The following cases received some attention at the office, with ointments, lotions, etc.:—

Sores, Vermin, etc.	...	...	68
External Eye Diseases	...	...	25
Impetigo	...	...	30
Ringworm of the Scalp	...	...	42
„ „ Body	...	...	11

176

The Medical Officer attended at the Education Offices two afternoons a week for the purpose of giving advice, and directing minor treatment.

The Consultations for General Attendance Work were 609
 Number of Cases provided with Spectacles 47

SECONDARY SCHOOL.

Medical Inspection embraced the routine examination of children admitted during the year, viz.: 44 boys and 50 girls, as well as special cases presented for advice, etc., by the Teaching Staff.

The Girls' Physical Instructress attended the examination of the girls, and her interested co-operation in noting minor curvatures and defects for future correction, is of great value to the scholars.

The parents were present at the inspection, and the majority of defects pointed out received attention. Improved carriage and attitude, with general physical alertness, speak well for the thoroughness of the care bestowed on the physique of the scholars.

The Girls of the 12 age period were taller and heavier than the Boys.

Average Age	Boys		Girls	
	Av. Height	Av. Weight	Av. Weight	Av. Height
12·4	140 c.m.	32·2 kg.	33·8 kg.	142 c.m.

In connection with this, it must be remembered that the physiological rate of development is greater at this age in Girls than in Boys.

Most fault—amounting to carelessness, parental or individual—was to be found with the state of the Teeth. Nothing short of the formation of an abscess or violent toothache seems yet to arouse people to the necessity for dental care and hygiene, and much talking and teaching still remain to be done before parents and scholars will effectually acquire the habit of periodical visits to the Dentist, and daily toilet of their teeth.

OPEN AIR AND PLAYGROUND CLASSES.

I drew attention in my last Report to the value of work in this direction, and indicated how every school might have an Open-Air Class. The Halifax teachers are fully alive to this work, and only need encouragement with equipment to carry out the principles involved.

A class similar to the one described in 1911, was held from May to September, 1912, in one of the central schools. There were 28 scholars selected by myself and the head teacher. Special efforts were made to have these scholars regularly visited by the School Nurse, given the dinners supplied by the Committee, and their clothing and footgear made good. The teacher in charge showed interest and enthusiasm, and the results, as compared with similar children taught under ordinary conditions, were noticeable, and afforded a definite proof of the value of open air principles, whilst the education is being continued on the usual lines.

These classes are also an excellent sorting house, and from the one class mentioned three of the children were sent to the Holiday Home, three were sent to the Open Air School, and one was admitted to Bermerside Home.

At the Berlin Congress last Summer I pointed out that to extend this work, the recognised Open Air School should be made a centre, by a few months' stay with a rota of teachers, for arousing the interest of all the teachers throughout the schools under any Authority.

OPEN AIR SCHOOL.

The fifth session was opened 15th April, 1912, and closed 3rd December, 1912.

On Medical Register, 107; Boys 53, Girls 54.

Ages 6-12 years (three only under 6 years).

13 or 12.1% had attended during a previous session.

Of the 107 admitted: (a) 5 were withdrawn or transferred to Residence within a month; (b) 10 were transferred to Residence after a few months; (c) 11 were children sent into Open Air School after leaving the Home.

Excluding these, of the 81 Open Air Children who passed through the school:

32 stayed between 7 and 8 months

20	„	6	„	7	„
12	„	4	„	6	„
15	„	2	„	3	„
2	„	1	„	2	„

The physical defects on admission, with a general statement of results are as follows:—

	No.	RESULTS		
		Good	Fair	Poor or Worse
Malnutrition, Anæmia, Debility, Catarrh, &c. ... }	39	25	10	4
Pretuberculars, <i>i.e.</i> Suspected Phthisis, or Anæmia and Malnutrition with Lung Signs or definite history of contact ... }	12	5	1	6
Early Phthisis ... }	5	4	0	1
Tubercular Glands ... }	11	7	1	3
Heart and Circulation Affections ... }	7	3	2	2
Neurotic and Choreic Cases	3	1	1	1
Rickets ... }	3	3	0	0
Mastoid Disease ... }	1	1	0	0
	81	49	15	17

The general physical effects of the Open Air School as regards Height, Weight and Hæmoglobin are similar in character to those in previous years, and the following comments from our additional experience may be useful :—

(1) Cases of Malnutrition with its attendant Anæmia, Debility, etc., give uniformly good results, unless counteracted by home influences at night and week-ends. Some of the cases responding poorly were complicated by other troubles, *e.g.*, discharging ears, etc.

(2) Simple Tubercular Glands are quickly influenced. In the three cases reported poor or worse, there were lung signs sufficient to account for the poor progress.

(3) Heart cases, if compensated, and enfeebled circulation, respond well.

(4) Early manifest Phthisis responds better than the latent or suspected type, characterised above as "Pretubercular." This confirms our previous experience that a child saturated with Tuberculosis poison without manifest signs, is a more difficult problem than the child with an open lesion. A similar observation may be made in adults undergoing open air treatment.

The results at the end of the stay were Good in 61·5%

Fair in 18·5%

Poor in 20%

These results are not so good as last year, and several factors may be considered :—

- (1) The weather—cold wet summer as contrasted with that of 1911.
- (2) A higher degree of physical defect was made the standard of admission. The whole day's routine must, therefore, avoid fatigue, and not be over strenuous.
- (3) The necessity of better provision in way of heating, shelter, and skilled supervision, especially with the advent of the winter months. For the four weeks previous to closing in December, the returns of the Attendance Officer show a large number of absences from coughs, colds, etc.

A special report on this question was presented to the Children's Care Committee after the closing of the school, in which I again pointed out, as in my 1911 Report, the conditions under which any future attempt to run a Winter Open Air Day School at Bermerside must be observed.

Extract from Special Report.

"Your Medical Officer's Report (1911) pointed out the special difficulties :—'The conduct of a day school under entirely open air conditions during the winters of the English climate is beset with many difficult problems of shelter, heating, protection from damp, clothing, footwear, etc.'

In my opinion, the conditions essential for the success of an Open Air School, with special reference to winter conditions, are :—

(1) The Open Air School should be entirely independent of the Residential Home, and be co-ordinated with School Medical Inspection, and the General Clinic of the Committee.

(2) Medical Supervision must be complete, and operate through the School Nursing Staff. In this way only can the home conditions be supervised and improved, and the lessons of hygiene, which are half the value of open air schools, rendered practically effective. A school nurse is in touch with the homes. Visiting absentees in the case of illness, supervision of the arrangements for the mid-day sleep, taking temperatures, the cleanliness and spray bathing of the open air scholars would also form part of the school nurse's duties.

(3) Sufficient shelter, class, and dining accommodation apart from the Home must be provided, the heating and ventilation of which to meet the changing conditions of climate are important.

(4) Footwear needs your special consideration, as a large number of the children fail to benefit from the régime through defective foot covering. To those who during the recent wet weather saw the sodden condition in many instances, of the feet of these delicate scholars on arrival at school, comment is needless.

The supply of suitable footwear should come from the home and the parents, except in cases of sheer inability to provide. The object to be aimed at is that every open air scholar should leave home in the morning well shod.

(5) Clothing :—It is impossible to attempt any strict open air method of treatment unless some degree of uniformity of clothing can be reached. To place under similar conditions of treatment the child with a single vest, and the child swathed in several layers of thick clothing is irrational. The provision of clothing for day scholars would be a serious undertaking, but much could be done in this direction by the work of the nurse in the homes, supplemented in special cases by a little assistance."

Three years' experience of the Open Air Day School at Halifax convinces me that your future line of action ought to tend towards a better selection of cases from homes, where thoughtful and interested co-operation can be secured. Failing this, residence in an institution for longer or shorter periods is necessary for efficient treatment of their defects.

The establishment of a night camp, where a certain class of children, attending the ordinary schools, could be clothed, bathed, fed,

and slept under hygienic conditions out of school hours, would relieve the present Open Air School of many cases, who soon relapse on discharge, and at the same time save beds in the Residential Home for the prolonged and scientific care of the more defective children.

BERMERSIDE HOME.

(The Edwin James Oates Memorial.)

The Residential Home and School, also described as an Open Air Recovery School, or a School Sanatorium, was opened on the 4th December, 1911, and the following report bears on the work up to the end of 1912.

The efforts of your Committee have been and still remain to a certain extent experimental in this new venture, and the course of time with careful following up, are necessary to establish the true value of this type of Institution. During the year many difficulties have had to be overcome.

The work attempted has received the approval of the Board of Education, participated in its special grants, and is being largely quoted at home and abroad. Many of the ideas contained in the last Annual Report were further developed in papers contributed to the York and Berlin Congresses of Public Health, and the place of Residential Recovery Schools is gradually taking definite shape, not only in the treatment of Elementary School Children, but also in the present national activities to combat the appearance and the ravages of Tuberculosis.

An outline of the Home and its working was given at length in the last Annual Report, and a detailed account reprinted in "The Child" (July, 1912), "School Hygiene" (November, 1912), and "National Health" (December, 1912). During the year many important improvements were made in the Mansion and the grounds. The keen interest and continued help of Mr. and Miss Oates are too well known to need further comment.

The staff now consists of a Trained Matron (Miss Newham, appointed November, 1911), a Staff Nurse (trained), two Probationers, and the necessary indoor and outdoor assistance.

ADMISSIONS AND DISCHARGES.

December 4th, 1911, to December 31st, 1912.

Admitted to the Home—Boys	...	...	35
Girls	...	...	42
			—
Total	...	...	77
In Home, 31st December, 1912	...	...	29
			—
Discharged from Home	...	...	48
Stayed less than one week	...	...	3
			—
			45

Ages of Children Admitted.

Age	5	6	7	8	9	10	11	12	13
Boys	3	4	3	5	7	5	3	4	1
Girls		3	9	8	7	4	6	4	1
	3	7	12	13	14	9	9	8	2

CLASSIFICATION OF CASES WHICH HAVE BEEN ADMITTED TO BERMERSIDE HOME.

<i>a</i> Early Phthisis (with definite signs but non-infectious)	18
<i>b</i> Pretuberculars (<i>i.e.</i> certain states of health with signs not sufficiently definite to justify a positive notifiable diagnosis)	14
<i>c</i> Tubercular Bone Disease and its effects	10
<i>d</i> Tubercular Glands	6
	—
	48 or 62·4%

Excluding class *b* which may be regarded as “suspected” only, the percentage of defects due to Tuberculosis is 44·2%.

Other physical defects (37·6% of total) were due to:—

<i>e</i> Rickets	7
<i>f</i> Convalescents (after operation, accidents, &c.)	7
<i>g</i> Heart Disease	4
<i>h</i> Nervous Disease and Neuroses	5
<i>j</i> Malnutrition, Anæmia, &c.	4
<i>k</i> Mastoid (Ear) Disease	2
	—

CHOICE OF SCHOLARS.

32 of the 77 children admitted were draughted directly or after some time from the Open Air Day School. The remainder were cases found during Medical Inspection, or recommended specifically by the Doctors in Halifax. The encouragement in the latter direction has been very gratifying.

With the opening up and working of the Tuberculosis Dispensary, an excellent field for the treatment of weakly child contacts of Phthisical adults presents itself through Bermerside.

Recent statistics show that 50% of child home contacts of adult Phthisis cases develop sooner or late some pulmonary signs, so that to remove from the source of infection and build up such children, would be preventive work of the highest order. Trudeau showed by experiment that, among rabbits inoculated with the Tubercle Bacillus, the disease was arrested if they were allowed to run wild, but that the animals quickly died from Tuberculosis if confined to hutches. A similar result is to be obtained with child contacts, if treated early under Open Air conditions.

Open infectious cases of Pulmonary Tuberculosis are very rare in children of school age, but provision is necessary to deal with these, as well as closed cases temporarily breaking down or showing bronchial and catarrhal signs. This could be met, as suggested in my last Report, by a small pavilion in the present grounds, or special arrangement could be made with a Sanatorium dealing with both adults and children. The former course is preferable as there are many disadvantages in sending children away from their own town and into mixed Institutions, where educational facilities may be wanting.

Cases of severe bone or joint tuberculosis also need prolonged institutional and skilled surgical care. A central establishment supplying large areas, well equipped with surgical and orthopædic appliances is in all probability the future line along which such will receive attention.

Meanwhile, in my opinion, Bermerside is able to deal with 90% of the cases of Tuberculosis (latent and active) in Halifax children of school age.

In the future, as our present preventive measures of isolating adult cases, caring for contacts, and looking after predisposed children in Open Air School, &c., extend, this percentage will be considerably increased.

Our schemes, of course, must include the care and treatment of children under school age—a much neglected and important period of a child's life, when the seeds of bone and joint disease are often sown unchecked.

Of the other physical defects, viz.: Rickets, Heart Diseases, Nervous Disorders, Convalescents, Malnutrition, etc., the first three are particularly suitable for admission.

The various forms of rheumatic heart attain by prolonged rest, careful supervision, hygienic conditions, and later on graduated exercise, a satisfactory degree of compensation. Convalescents from acute rheumatism should receive special consideration for admission. Hospital beds, owing to pressure of space and length of time necessary, cannot be expected to deal with this class; most of the children's homes are impossible; and convalescent homes are in many ways unsuited for their special care. Heart cases on discharge need prolonged after care, and careful choice of work to suit the child's physical condition, and prevent breaking down of the compensation obtained.

Neurotic and spoilt children, after the first few days, do very well, and the discipline of the Home, so foreign to their former mode of life, soon attracts them, and corrects their disordered outlooks on superiors and equals.

The improvement in rickets is remarkable, the limbs becoming straighter, firmer, and the catarrhal conditions rapidly clearing.

Dietary.

The principle of three meals a day is adopted, and the routine is roughly as follows:—

- | | |
|-----------------|---|
| Breakfast, 8-30 | (a) Porridge and milk.
(b) Bread and butter and milk. |
| Dinner, 12-45 | (a) Meat—minced, stewed, hashed, with vegetable.
or Fish—baked or steamed, or boiled with fat, and potatoes.
or Scotch barley broth with bread.
(b) Boiled or steamed pudding, or milk puddings. |
| Supper, 5 p.m. | Cheese in some form or scrambled eggs or other suitable dish; bread and jam or butter with milk; tea cake. |

The diet is varied from time to time, and especially with regard to the seasons.

The meals are supervised and served by the nursing staff.

Teeth and Oral Hygiene receive special attention.

Table manners, discipline, the proper use of knife and fork, slow eating, with the other educational factors, are inculcated.

There is a period of rest before and after meals, and an interval of one hour between rising and breakfast.

An ample daily allowance of fat in some form, and fruit, either as apples, oranges, bananas or fruit in season, or dried fruits, viz.: raisins, currants, figs, dates, etc., are features of the dietary.

Capricious appetites soon yield, and children, under the general improved hygienic conditions, rise to a maximum of assimilation and metabolism. The increase in weight is very satisfactory, although more noticeable and more important are the improved energy, vitality, and firmness of the child.

Physical and Domestic Training.

In the Home, careful attention is given to Domestic Training which includes setting and clearing the tables, tidying beds, bed making, sweeping, dusting, and general care of the house, the principles being explained as the work proceeds. Knitting and plain sewing of the clothes for the childrens' own use also occupy a place in the routine.

Outdoor, they have breathing and physical exercises, and various organised games, with running, skipping, swinging, &c.

Indoor, the recreations are many, instructive, and varied, aiming at muscular co-ordination, and also in some introducing elementary principles of number, *e.g.* bagatelle, table tennis, card games, hand games, and bean bag throwing with numbers.

We endeavour to infuse a spirit of home life into all the discipline, work, and play.

Education.

Recently, a special teacher has been allotted for the formal education of the Residents, an arrangement which will have many advantages in carrying out the principles revealed in my previous Report, viz: to adapt the education to the physical wants and states of the children.

Treatment.

The essential principles were expounded at length in the 1911 Report, and include the most approved Open Air or Sanatorium methods.

Twelve Tuberculous children were put on a course of Tuberculin treatment—6 pulmonary, 3 glands, and 3 bone and sinus cases. For localised Tuberculosis, bones, sinuses, glands, or broken down scars, small doses with only slight increase at 8 to 10 days' interval stimulate the healing processes, and undoubted results are obtained. Both T.R. and T (old Tuberculin) were used. For pulmonary and thoracic gland cases in children, a course of old Tuberculin beginning with '00001 or '000001 c.c. rising very slowly at weekly or longer intervals to '001 c.c. presents many advantages. Reactions after the first few doses are rare, and practically negligible. After a six months' course of this character, a more intensive course of treatment may, in cases approximating the adult type of Phthisis, be instituted with a view to producing a high degree of artificial immunity.

That Tuberculin is one of the most powerful therapeutic agents placed in our hands of recent years, no unprejudiced practitioner can deny, that a wide field yet remains to perfect its administration, dosage, timing, &c., the greatest enthusiast cannot refute, whilst there is ample evidence that the treatment of Tuberculosis, both in adults and children on purely Sanatorium lines is yielding to a combination of Sanatorium and Tuberculin injections.

One scholar after a 12 months' stay on purely sanatorium lines with only fair results is now undergoing a course of Tuberculin treatment at the Dispensary, and shows marked improvement.

Infection.

The Home was free from infectious disease, and catarrhal conditions were infrequent. The latter were immediately isolated in order to stop any possible epidemicity, and to prevent any risk of mixed infection in the pulmonary children.

Length of Stay.

The average length of stay was 21 weeks.

3 children remained 2 months			
10	„	„	2 to 3 months
3	„	„	3 to 4 „
19	„	„	4 to 6 „
6	„	„	7 months
2	„	„	9 „
2	„	„	12 „

Increasing experience demonstrates that to obtain the best and most permanent results, a long stay in residence is essential, especially with the tuberculous child, to ensure resistance and to build up a sufficient immunity against later doses of the tubercle bacillus.

The rapid immediate effects on the general health often mislead and put you off your guard, leading to early discharge with relapse within a short time. This applies to adults as well as children, although in the case of the latter, where the ordinary physical signs are so fleeting, so indeterminate, so rapid in their variation, so intermittent, and often so slight in spite of extensive deposit, mistakes are more easily made. In many such cases, the X rays reveal shadows and mottling, not only in the root glands, but also at the apices, which suggest or indicate an extent of lesion that demands considerable time to render quiescent or inactive. A year in such cases is not too long, and in some, double that period will be necessary. This fact necessarily limits the actual number of children one can cope with, and calls for a most careful classification, and more stringent conditions of admission.

Parents.

The parents are showing an intelligent and increasing co-operation with the work of the Home, and malcontents are few. The monthly visiting day is appreciated, and, although attended with certain disadvantages, stimulates interest and affords an opportunity of explaining hygienic principles. The early "bogey" of tuberculosis infection is rapidly disappearing.

Laundry.

The present laundry arrangements are not satisfactory.

Results.

It is difficult to estimate and evaluate results among cases varying so much in their extent of defect, prognosis, etc., and whilst the immediate results of an open air life must be largely discounted. I was able to follow up 32 children, who had been discharged from the Home for a sufficient length of time to allow of an opinion being formed. Of these,

- (a) Progress was continued in 20 or 62%
- (b) No further ground was gained in 6 or 19%
- (c) Deteriorated or relapsed in 5 or 16%
- (d) Taken on at Dispensary in 1.

In (b) and (c) the immediate and ultimate cause of the check to progress in several of the cases was either parental indifference or poor home circumstances. These factors, it is feared, will continue to impede whatever scheme may be adopted for dealing with the physical defects of elementary school children.

The results obtained at Bernerside (one mile from the centre of the town) afford a striking argument in favour of the local treatment of tuberculosis and other physical defects. The vaunted superiority of seaside, mountain and other climates needs revision and analysis, and if the above results can be obtained at home, there is good ground for believing that the quality of the "air" *per se* is only one, and possibly the least, of the factors that go to cure disease, establish convalescence or build up resistance. A prolonged sojourn in a mild climate for a tuberculous subject often spells disaster on return to home environment and local climatic conditions.

After Care.

Of the 45 children discharged from the Home,
 13 were transferred for continuity of care to the Open Air Day School
 30 ,, to the ordinary elementary schools
 2 left the town.

Under these circumstances the children are kept still under observation by the teachers and other members of the Education Committee's staff.

A strong After Care Committee has been at work for some months now following the discharges into their homes, or their new spheres of employment. The first Report of this Committee was presented at the Governors' Meeting in May, and is a model of that necessary energy and interest which such work demands. It is realised by this Committee that prolonged and efficient after care are the only means of maintaining and improving results. Children who appear to be deteriorating, or whose home circumstances are unfavourable, are referred by this Committee for consideration, and, if necessary, can be re-admitted for a further stay in the Home, or directed into such other channels as suit their particular case.

The Home is popular with the children, and receives many visits from previous scholars. From time to time a reunion of old scholars is held, when valuable information can be obtained of their progress, physically and socially.

D. M. TAYLOR, M.A., M.D., D.P.H.

School Medical Officer.

